Approved for use through 11/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **NOTICE OF APPEAL FROM THE EXAMINER TO** Docket Number (Optional) THE BOARD OF PATENT APPEALS AND INTERFERENCES 02755/100J524-US1 In re Application of Bruce E. Reidenberg et al. Application Number Filed 10/736,049-Conf. #4045 December 15, 2003 TRANSDERMAL BUPRENORPHINE TO TREAT PAIN IN SICKLE CELL CRISIS Art Unit Examiner 1615 S. E. Kennedy Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) 510.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. Х I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-0100 . I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038. I am the applicant /inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) Paul M. Zagar is enclosed. (Form PTO/SB/96) Typed or printed name attorney or agent of record. Registration number 52,392 (212) 527-7700 Telephone number attorney or agent acting under 37 CFR 1.34. January 31, 2008 Registration number if acting under 37 CFR 1.34. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of

forms are submitted.